City of Algonac BOLLARD ART PROGRAM

The City of Algonac is looking for interested artists (no residency requirements) to "adopt" a riverfront bollard and create an artistic design for it. The goal of this program is to embrace the artistic talents of local individuals while displaying creative artwork throughout the community. There is no specific theme for this program, though artists are encouraged to incorporate the character of the surrounding environment and neighborhood into their artwork. There is no cost to apply for the program. Artists are responsible for providing their own materials.

PROGRAM DETAILS

- 1. Complete the application/design proposal and waiver.
- 2. Please be sure to include the location of the bollard(s) you would like to paint.
- 3. Submit the required forms AS SOON AS POSSIBLE to cityclerk@cityofalgonac.org. The city will contact you once your application has been approved.

How should I begin painting after receiving City approval?

- Remove all dirt, mud, and debris from the bollard before painting.
- Protect the immediate area around the bollard from paint splatter/stains.
- The use of an oil-based primer before painting will allow paint to adhere to your bollard better.
- Use high quality, oil-based enamel paint for metal.
- Painting will be allowed thru September 4, 2018.

What is prohibited on the bollards?

- Inappropriate words, advertisements, political messages, etc.
- Glued or attached objects.

Once I have finished painting, what should I do?

- Sign the bollard with your name.
- Notify the City at cityclerk@cityofalgonac.org.
- Plan to maintain your hydrant's artistic design for one year.

For questions, contact the cityclerk@cityofalgonc.org.

City of Algonac BOLLARD ART PROGRAM

APPLICATION & DESIGN PROPOSAL

Name:	Ce	ell Phone:
Address:	E-N	Mail:
Location of Preferred Bollard:		
Please Describe Your Artistic Abilition	es and Experiences:	
Title of Artwork & Description:	Use this diagram to illustrate your proposed artistic design	
FRONT		ВАСК

Applicants must submit application and waiver in color to cityclerk@cityofalgonac.org.

City of Algonac BOLLARD ART PROGRAM

Waiver, Hold Harmless and Indemnity Agreement

In consideration of the City of Algonac accepting me as a participant in this program, I understand and agree to the following:

A. Agreement/General Provisions

I understand and grant the City of Algonac, its successors, assigns, and licensees, the perpetual right to photograph, film, use and reproduce, as the City desires, photographs and video taken of myself and/or my children during any activity of this program. I understand that I will not receive any compensation for my participation or my children's participation in the photographs and video and that the City of Algonac shall own all right, title, and interest to the photographs and video, including the portions that contain the images and voices of myself and/or children.

B. Waiver, Hold Harmless and Indemnity

I fully understand and agree to assume all risks of injury associated as a participant in this program for the City of Algonac.

I understand that the City of Algonac is not responsible for any loses, medical or otherwise, incurred arising out of participation in this program. I hereby waive any and all claims against the City of Algonac, its elected officials, employees, and/or agents for bodily injury or death arising out of, or in any manner connected with, participation in this program.

I will defend, indemnify, keep and hold harmless the City of Algonac, its elected officials, employees, and/or agents from all damages, judgments, expenses (including reasonable attorney fees) suffered because of the injury or the death of any person or persons, or because of damage to property that may arise out of, or because of my or my family's participation in this program.

I certify that I have read and understood the above agreement as the terms under which I will be allowed to participate in this program with the City of Algonac. This waiver, hold harmless, and indemnity agreement form is effective following signature unless revoked in writing.

Name – Please Print	Cell Phone	
Address	E-Mail	